PART B - FEE(S) TRANSMITTAL 3-30-09

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correct maintenance fee notifica	correspondence including the below or directed of the strong tions.	ng the Patent, advance of herwise in Block 1, by (a	rders and notification of many specifying a new corres	naintenance fees v pondence address	vill be n ; and/or	nailed to the current of (b) indicating a separ	correspondence address as rate "FEE ADDRESS" for
EXPRESS M	AIL: EM273312 7590 12/31 HOWARD ATTO	1/2008	MAR 2 7 2009	s) Transmittal. Thers. Each additional its own certificate CE	is certifi al paper, e of mail RTIF	cate cannot be used fo such as an assignmen ing or transmission. I CATE OF EXPI	domestic mailings of the rany other accompanying tor formal drawing, must RESS MAIL MENT deposited with the United class mail in an envelope above, or being facsimile te indicated below.
3/31/2009 HVUONG2	00000062 082789	0573505		vataly	a	Delnies	(Depositor's name)
	0.00 DA 0.00 DA	•		4. 8	_		(Signature)
	5.00 DA	•	1	March 27,	2009		(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.			CONFIRMATION NO.
10/573,505 03/27/2006 Yoshitsugu Morita 71,051-029 3561							
FITLE OF INVENTION	I: CURABLE ORGANO	POLYSILOXANE COM	POSITION AND SEMICO	NDUCTOR DEV	ICE	•	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	03/31/2009
EXAM	IINER	ART UNIT	CLASS-SUBCLASS				
ZIMMER, MARC S		1796	428-447000				•
	ence address or indication	on of "Fee Address" (37	2. For printing on the p	atent front page, li	st		
CFR 1.363). Change of corresp	oondence address (or Cha	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively.					
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
ASSIGNEE NAME A	ND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or typ	oe)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
DOW CORNING TORAY COMPANY, LTD. Tokyo, Japan							
DOW CORNING TORAY COMPANY, LTD. Tokyo, Japan Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
Please check the appropr	riate assignee category of	r categories (will not be pr	rinted on the patent):	Individual 44°C	orporatio	on or other private grou	up entity Government
4a. The following fee(s)	are submitted:	41	b. Payment of Fee(s): (Plea	se first reapply a	ny previ	iously paid issue fee s	hown above)
Issue Fee Description Fee (1)	No small entity discount	☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.					
☑ Publication Fee (No small entity discount permitted) ☑ Advance Order - # of Copies5			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08 -2789 (enclose an extra copy of this form).				
Change in Entity Sta	itus (from status indicate	d above)	overpayment, to Depo	Sit Account Nume	er <u>U8</u>	-2/89 (enclose an	extra copy of this form).
-	ns SMALL ENTITY stat		☐ b. Applicant is no long	ger claiming SMA	LL ENT	TITY status. See 37 CF	R 1.27(g)(2).
NOTE: The Issue Fee an	nd Publication Fee (if req	uired) will not be accepte ates Patent and Frademark	d from anyone other than the	he applicant; a reg	istered a	ttomey or agent; or the	e assignee or other party in
Authorized Signature	+ tomily	1. Larraire	e .	Date Maj	-ch 2.7	2009	
Typed or printed nam		LaPrairie		Registration			
This collection of inform	nation is required by 37 (CFR 1.311. The information of the control of the co	on is required to obtain or r				by the USPTO to process)

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.